

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO. 091937808 FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20	1			
21		1		
22		1		
23			1	
24			1	
25	1			
26		1		
27			1	
28			1	
29			1	
30			1	
31			1	
32			1	
33			1	
34			1	
35				
36				
37				
38				
39				
40				
41				
42				
43				
44				
45				
46				
47				
48				
49				
50				
TOTAL IND.		2		
TOTAL DEP.		2		
TOTAL CLAIMS		14		

TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS			